

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024757

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 274

STATE FILE NUMBER

FILED JUN 19 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. FULL NAME OF (If not in hospital, give location) <u>Indep. Sanitarium</u>		d. STREET ADDRESS (If outside, give location) <u>18700 E. Truman Dr.</u>	
3. NAME OF DECEASED (Type or print) <u>Terry L. Taylor</u>		4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-1945</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	9c. BIRTHPLACE (City and state or country) <u>Independence, Mo.</u>	9d. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. FATHER'S NAME <u>Jay W. Taylor</u>	10b. MOTHER'S MAIDEN NAME <u>Donna Rinehart</u>	10c. NAME OF HUSBAND OR WIFE <u>Norm Merrill</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		12. SOCIAL SECURITY NO. <u>[Redacted]</u>	
13. INFORMANT <u>Donna Rinehart</u>		14. ADDRESS <u>Blue Springs, Mo.</u>	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO (b) <u>Both legs fractured</u> DUE TO (c) <u>Trunk</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>History of Infection</u>			
PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	17. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 15.) <u>One Car Struck while</u>	
19. TIME OF INJURY Hour <u>6:15</u> Month <u>6</u> Day <u>13</u> Year <u>63</u> a.m. <u>6:15</u> p.m. <u>6:15</u>	20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	20a. CITY, TOWN, OR LOCATION <u>Independence Jackson Mo</u>	20b. COUNTY <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur W. Owens</u>		22b. ADDRESS <u>152 Union Station</u>	
23a. BIRTH, CREATION, REMOVAL SPECIFY <u>Removal</u>		23b. DATE <u>6-15-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem.</u>		23d. LOCATION (City, town, or county) <u>Blue Springs Mo.</u>	
24. FUNERAL DIRECTOR <u>Roland K. Speck</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-63</u>	
26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>		27. DATE SIGNED <u>6-14-63</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 24 1963

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6-11-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indy. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.